Guidelines for the Orientation of Junior Doctors

Subject: *Orientation programs for junior doctors*

Guideline Name: Guidelines for the Orientation of Junior Doctors

Date Approved: *28 July, 2016*

Responsible Officer: *Education Manager / Medical Advisor*

Purpose

The purpose of this document is to assist health services to develop best-practice orientation programs for their junior doctors[1,2]. The document is not intended to be prescriptive or exhaustive, but rather to identify key information that should be communicated to all junior doctors for an effective hospital orientation program. It is anticipated that this document will serve as a useful guide in the creation of new orientation programs and also assist in the revision and development of existing programs. The AMA Doctor Life Cycle terminology is used throughout this document. https://ama.com.au/careers/becoming-a-doctor

Intern	First year following completion of medical degree
HMO	From completion of intern year up to enrolment in specialty training program
Junior doctor / JMO	Includes interns and HMOs

Background

Orientation to the workplace is critical to the provision of safe clinical care as well as the provision of a supportive transition from medical school to internship and for newly employed junior doctors[3]. At the commencement of internship, many junior doctors experience high levels of anxiety[4,5] and are not confident in many job-related tasks[6]. An increased incidence of hospital errors has been reported when junior doctors commence work at a new hospital[7]. A formal orientation program has been demonstrated to increase both confidence and competence of basic clinical skills of junior doctors[3,8] including clinical, clerical and procedural skills[6]. Orientation may also provide a valuable opportunity to identify individuals requiring increased supervision and support throughout the intern year[9]. Whilst each health service/hospital has unique practices and micro-cultures, much information that is required at orientation is applicable across all health services.

These orientation guidelines are an initiative of the Postgraduate Medical Council of Victoria (PMCV) Junior Medical Officer Forum, have undergone consultation with relevant PMCV subcommittees and health service stakeholders including junior doctors and medical educators, and have been informed by relevant (published and unpublished) literature. These guidelines also support the requirements for health service orientation as defined in the *PMCV Accreditation Standards*[10] http://www.pmcv.com.au/accreditation/accreditation-process/accreditation-standards; and *A Guide for Interns in Victoria*[11] http://www.pmcv.com.au/resources/publications/a-guide-for-interns

Framework

A three tiered framework is recommended for orientation programs and is adopted in this document:

1. **Formal orientation to the overall health service** (central orientation)
2. **Formal orientation to each campus/hospital site** (designated by [s] throughout this document)
3. **Formal orientation to each unit** (designated by [u] throughout this document)

Responsibilities

Health services

- To develop and deliver formal orientation programs by relevant health service staff, including but not limited to: the Director of Medical Services, Medical Education Officer, Supervisor of Intern Training, Director of Clinical Training, Medical Workforce personnel, Human Resources personnel, Information Technology personnel, and Pharmacy personnel.
- Unit supervisors have a responsibility to ensure that new junior doctors are appropriately orientated to their units. Multi-disciplinary orientation, shared with other junior doctors or nursing/administration staff, supports a team based approach[12].

Junior Doctors

- To ensure availability to attend and actively participate in all requested orientation programs.
- To provide feedback regarding orientation programs to support ongoing improvement.

PMCV

- To review and provide feedback in relation to health service orientation programs, and other matters relating to education and training, during health service accreditation visits.

Orientation Principles

A. Program Development

1. It is recommended that orientation programs include feedback from junior doctors and other health service personnel in their development.
2. Resources that support orientation should be regularly reviewed to ensure they are contemporaneous.

B. Program Timelines

1. Communication with newly appointed interns begins following signing of contracts, and includes an indication of the components of orientation. This ensures a shared understanding of the orientation process.
2. Health services may provide an opportunity for junior doctors to attend to administrative details and/or an opportunity to familiarise doctors[13] who are not familiar with the health service, prior to the commencement of the main orientation program.

3. A 3-5 day orientation program is provided for interns in the week prior to commencing clinical duties.
4. Intern Orientation to rotation hospital sites would generally be expected to be a minimum of 2-3 hours face-to-face duration, with additional information/resources provided prior to or following orientation. Rotation site orientation should generally include:
   - Relevant key health service and junior doctor administrative requirements,
   - An introduction to key staff and physical layout of the hospital,
   - Information about services, including a list of GPs that junior doctors can access for support.

   Rotation sites should liaise with parent health services regarding their education programs to ensure that key clinical content has been incorporated within one or other orientation program.
5. HMO Orientation to new hospitals would generally be expected to be similar to that for Intern Orientation to rotation hospital sites (as above). HMOs who are frequently rostered with indirect supervision should have additional specific education programs at or soon after orientation to ensure that they are supported in their roles.
6. Resources to support unit orientation should be provided prior to commencement on each unit and formal unit orientation should be held on the first day of work in the new unit where possible.
7. Health services may elect to extend the educational components of the orientation program into the first few weeks of term rotation.

C. Program Delivery

It is recognised that a range of modes of delivery are appropriate to supporting orientation programs. It is recommended that key components of orientation programs are undertaken in an interactive mode, [14, 15] such as face to face, to ensure communication and allow for clarification if required. Simulation[16] and clinical scenarios[5, 17] may also prepare junior doctors for critical basic skills they will require from their first day of employment. Finally, permanent access to PowerPoints and/or video streaming of orientation presentations through print or electronic media, such as the hospital intranet, will further allow consolidation of key material covered during the orientation program.

Where possible, current junior staff should be incorporated into the delivery of the health service orientation program. In addition to the orientation program, there should be verbal and written communication between incoming and outgoing unit JMOs to provide the incoming JMO with a degree of familiarity with the clinical setting[4]. The 'ROVER' protocol[18] may be a useful tool for this purpose. [U] (See Appendix 1).

D. Program Contents (central orientation)

1. <u>Introduction to key staff at the Health service</u>

   This includes Management, Administrative, Clinical and Supervisory staff [S,U](including key training supervisors such as Director of Physician Training and Director of Surgical Training), at

campus and unit level. Introduction to key staff at rotation sites during central orientation is also encouraged, e.g. rural and general practice rotations, and should identify responsibilities of individuals at each site.

2. Orientation to the physical layout of the health service[S,U]
This may be provided in various ways including physical and electronic formats, and should include a site map of the hospital[S]. Unit orientation[U] includes ward layout, medical history/chart location, the location of equipment, resuscitation trolley, fire extinguishers, alarms, emergency exits, photocopier and fax machines.

3. Administrative requirements of the health service
The administrative requirements of the health service for orientation of junior doctors are listed in Table 1.

Table 1

Administrative Requirements of the health service
• Overview of health service (including services, organisational structure)
• Occupational health and Safety requirements, including policy to deal with bullying and discriminatory (BAD) behaviour
• Emergency Codes and Procedures
• Medico-legal considerations including consenting for relevant procedures, relevant legislation including guardianship, refusal of medical treatment, others as appropriate
• Privacy legislation and policies
• General Policy and Procedure manuals
• Quality and Safety requirements including incident reporting protocol
• Risk and prevention strategies for main sources of error and risk in the workplace
• Junior doctor welfare and support including information and resources to promote professional and personal health and wellbeing (Including policy on Bullying and Harassment) and pathways for reporting, addressing and providing support
• Infection control requirements including hand hygiene, needlestick injuries and notification of infectious diseases
• Hospital mortuary paperwork and processes; deaths reportable to the Coroner
• Code of Conduct/Professional Behaviour expectations and responsibilities
• Grievance handling procedures / patient liaison/complaints

4. Administrative requirements specific to junior doctors
Effective orientation programs involve administrative requirements that are specific to junior doctors. Orientation may include completion of online modules, which may be an organisational requirement and considered mandatory. Each module may have different time-frames for completion, but there may be an expectation that some modules will be completed prior to the intern commencing clinical work. The administrative requirements of junior doctors are listed in Table 2.

Table 2

Administrative Requirements Specific for Junior doctors
• Computer systems: login user name and password, email access, relevant software required for JMO use
• Identification badges
• Lockers
• Access cards for parking, building, theatres and change rooms
• Distribution of useful resources including the Australian Curriculum Framework for Junior Doctors (ACF)[19] ROVER documents[U] and Unit learning objectives/handbooks[U]
• HMO Manager: rosters (annual, weekly and daily including both in and after-hours cover arrangements), safe work hours, overtime protocols, junior doctor wellbeing, requesting leave
• Referral and consultation processes, including with other medical units and allied health services
• Paging and communication protocols (e.g. ISBAR if applicable)
• Interpreter services
• Ordering pathology, radiology imaging, special tests and accessing results
• Admission/discharge processes including pharmacy scripts
• Medical history file management including electronic and hard copy systems, and medical documentation
• Pre-Admission and Outpatient Clinic processes[U]
• Unit specific[U] daily timetable including ward rounds, theatre and relevant meetings
• Theatre booking processes
• Handover processes, including verbal and written between terms and between shifts
• Key clinical policies and procedures, such as DVT prophylaxis and treatment
• Work-up for specific diagnoses/system-specific investigation[U]
• Feedback and Assessment processes, including mid-term and end-of-term assessment. Junior doctors should share responsibility for ensuring that regular review of their performance is undertaken. When performance improvement is required, IPAPs (Improving Performance Action Plans) are used to develop a two-way negotiated plan to support improvement and monitor progress.
• Mentoring and support processes, including colleagues and senior mentors, Residents' society, GP, Victorian Doctors Health Program, AMA Peer Support Service and PMCV
• Self-care and self-management strategies, including importance of having own GP, and work / life balance
• Expectations and role of the junior doctor, including daily activities and after hours/nights covering shift including a description of escalation processes
• Hospital/rotational feedback/evaluation processes for junior doctors to provide feedback regarding their rotation and overall training experiences
• Opportunities for Junior Medical Officer involvement in the health service e.g. HMO society, JMO committee representatives, PMCV Junior Medical Officer Forum
• Learning Management Systems (if applicable) or access to health service intranet and relevant policies

5. Junior Doctor Shadowing

It is recommended that all incoming interns have the opportunity to shadow the outgoing intern prior to commencement. Interns who commence on an external rotation could shadow at the external site or other unit at the parent hospital. In the latter case, there should be the opportunity for the intern to undertake a verbal handover with the outgoing intern of the external site.

6. Education Program

A program of continuing education is necessary for the professional development of junior doctors[20, 21, 23]. Training programs should address the AMC Intern Outcome Standards[24]; the Australian Curriculum Framework for Junior Doctors[19] is an appropriate resource on which to base education programs at each level (health service / hospital / individual unit). Junior doctors should be advised of the timetabling of a health service-wide education program, and the processes for supporting attendance. Health services may elect to cover certain educational topics during the orientation period that are relevant to all junior doctors working across the health service, such as cultural awareness/safety. Other clinical education that could be considered within a central intern orientation program or early in the clinical year is included in Table 3.

It is Important that junior doctors are made aware of all internal (unit and health service-wide) and external opportunities for professional development throughout the year including professional development programs run by PMCV including the Teaching on the Run[20] program, the Professional Development Program for Registrars[21] and Cultural Awareness in Relation to Indigenous Australians program http://www.pmcv.com.au/computer-matching-service/resources/1016-htgr-program-sessions/file

Table 3

Continuing Education Program		
Common Ward Calls		
• Chest pain • Acute shortness of breath • Post falls review • Fluid management • Hypo/hyperglycemia • Hypo/hypertension	• Abdominal pain • Vomiting • Seizures • The febrile patient • Acute confusion/delirium • The suicidal patient	• Early recognition of the deteriorating patient • Seclusion review • Palliation • Certifying death
Prescribing Drugs	**Clinical procedures**	
• Anti-emetics • Analgesia • Anticoagulation • Common antibiotics	• Basic and advanced life support • Venepuncture • Intravenous cannulation • Urinary catheter insertion • Naso-gastric tube insertion • Performance and interpretation of ECGs • Plastering and suturing	

Program Evaluation

Junior doctors should be given the opportunity to provide feedback on each element of the orientation process, and this information should inform the regular review and development of future programs.

Consultation Process	
JMO Forum	Reviewed 6/5/11; 21/9/11; 11/10/12; 7/7/2016
Medical Educator Group	Reviewed 6/5/11; 7/11/12; 29/6/2016
PMCV Education subcommittee	Reviewed 20/7/11; 21/9/11; 28/7/2016
PMCV Accreditation subcommittee	Reviewed 19/9/11
PMCV HMO Managers subcommittee	Disseminated 12/9/11

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23 AMC Intern Training – National Standards for Programs – Draft – September 2016
24 AMC Intern Outcome Statements http://www.amc.org.au/joomla-files/images/intern-training/intern-training-intern-outcome-statements-2014-09-24.pdf

APPENDIX 1

Health Service logo	**XXX Hospital** *ROVER (Rolling handOVER) – I am a 'living document' that needs your care and attention*

ROTATION: CAPITALS

UPDATED BY: YOUR NAME CONTACT: mobile or email DATE: dd/mm/yyyy

REVIEWED BY: DATE: dd/mm/yyyy

! Please update me as required and send me to xxxx.xxxx@xxx.xx in week 8 of this rotation

CHECKLIST FOR NEW STARTERS

⊕ read through this ROVER
⊕ receive comprehensive unit orientation from unit supervisor/registrar within week 1
⊕ obtain username and login for…

TOP TIPS!

1.

2.

3.

4.

STAFF

UNIT STAFF & KEY CONTACTS	CONTACT DETAILS
Head of Unit:	
Consultants:	
Registrar:	
HMO/Resident:	
Unit X NUM:	
Unit X Pharmacist:	
Unit X Dietician:	
Emergency / MET Call	
Switchboard	
IT Help Desk	

WEEKLY TIMETABLE at a glance

Mon	*Tue*	*Wed*	*Thu*	*Fri*	*Weekend*
08:00-08:30 Handover (Venue)	08:00-08:30 Handover (Venue) 11:00-12:00 Radiology meeting (Venue) 12:30-13:30 Intern teaching (Venue) *MANDATORY	08:00-08:30 Handover (Venue)	07:30-08:00 Handover (Venue) 08:00-09:00 Medical Grand Round (Venue)	08:00-08:30 Handover (Venue)	Include weekend specific activities

Pathology meeting

Preparation:

During:

After:

Radiology meeting

Preparation:

During:

After:

Consultant ward round

Preparation:

During:

After:

GEOGRAPHY

ITEM	LOCATION

Home ward	
Morning meeting point	
Your pager lives here	
Patient list	
Handover	
Outpatient clinic	
RMO Quarters	

JMO ROLE & RESPONSIBILITIES

** Try to keep this short and sweet. Unit Handbooks will include some of this. Below is a suggestion of items to cover.

Rostered hours, realistic hours, half-days, cover shifts, weekend shifts

Who to hand over to at end of each shift

Discharge summaries

Ordering of investigations, chasing results

Referrals/ bookings on discharge specific to rotation

Outpatient clinics, preadmission clinic

Theatre

Admissions

INSIDER INFORMATION & MISCELLANEOUS TIPS

COMMON CONDITIONS MANAGED BY UNIT

- xxx
- yyy
- zzz

COMMON MEDICATIONS SPECIFIC TO UNIT

MEDICATION	INDICATION	ROUTE	DOSE	FREQUENCY
		Refer to Pharmacy guidelines		

COMMON ISSUES

- ppp
- qqq
- rrr
- sss

PROCEDURES COMMONLY ENCOUNTERED

- fff
- ggg
- hhh
- iii

USEFUL RESOURCES

Version 1.0 September 2010 - Initial development of PMCV ROVER document
Version 2.0 November 2015 – Revision of PMCV ROVER document

The 2015 revision of the ROVER document has been undertaken by Dr Kate Lord (Northern Health) with contributions from Ms Susie Sangas (Northern Health); Ms Sally Kent-Ferguson, Dr Kerry Jewell & Dr Gursimrat Bhullar (Eastern Health); Dr Manissa Suffian (Grampians Health Services); Dr Ophelia Wong (Monash Health); Dr Una Pak (St Vincent's Hospital); and Ms Marilyn Bullen (PMCV).